Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

JUVENILE REHABILITATION ADMINISTRATION (JRA)

DIAGNOSTIC MENTAL HEALTH SCREEN

Complete the Diagnostic Mental Health Screen during the diagnostic process. Check the box corresponding to the youth's response. **If youth provides incomplete information or you suspect inaccurate information, verify and supplement from other sources**. Answers are to reflect accurate and verified information when possible. Refer to Diagnostic Mental Health Screen Manual for detailed instructions. Forward copies to legal file and JRA Headquarters, Mail Stop: 45720, PO Box 45720, Olympia WA 98504-5720.

NAME	JRA NUMBER	DATE OF BIRTH (DOB)	COUNTY

SEX ☐ Female ☐ Male	DIAGNOSTIC COORDINATOR	DATE

TREATMENT HISTORY AND DIAGNOSIS

1. Have you ever talked with anyone, such as a Mental Health Professional, Counselor, Doctor, Psychologist, Psychiatrist, Clergy, Community Leader, etc., about a problem you were experiencing?

   ☐ NO (0) ☐ DON'T KNOW/REMEMBER (0)

   ☐ YES; if yes, answer the following:

   a. Who did you see? _____

   b. Where did you see this person? _____

   c. How many appointments did you attend? _____

   d. When was your last appointment? _____

   ☐ more than six months ago (1)
   ☐ two to six months ago (3)
   ☐ less than two months ago (4)

2. Have you ever been treated in a hospital, where you stayed overnight, for depression, hyperactivity, a drug overdose, trying to kill yourself or other emotional or behavioral problems?

   ☐ NO (0) ☐ YES; if yes, answer the following:

   a. Where? _____

   b. When? _____

   ☐ more than six months ago (2)
   ☐ two to six months ago (4)
   ☐ less than two months ago (8)

3. Have you ever received a diagnosis for an emotional or behavioral problem?

   ☐ NO (0) ☐ DON'T KNOW/REMEMBER (0) ☐ YES (0)

4. Do you have problems with any of the following, or have you ever received a diagnosis for any of the following? Check all that apply.

   ☐ Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) (1)
   ☐ Depression/Dysthymia/Bi-Polar Disorder (2)
   ☐ Post Traumatic Stress Disorder (2)
   ☐ Psychotic Disorders/Schizophrenia (3)
   ☐ Drug/Alcohol Abuse, Dependency, Overdose (1)
   ☐ Suicide Attempt/Self Mutilation (0)
   ☐ Other (specify):

TREATMENT HISTORY/DIAGNOSIS SUBSCORE: _____

5. Does anyone in your family have a mental health problem?

☐ NO (0) ☐ DON'T KNOW/REMEMBER (0)

☐ YES (0); if yes, answer the following:

a. Who? _____

b. Family member's diagnosis of the problem or description of the behavior:

_____

DEPRESSION

6. Do you feel sad or depressed for days or weeks at a time?

☐ NO (0) ☐ YES (2); if yes, please answer the following:

a. Are you currently sad or depressed?

☐ NO (0) ☐ YES (4)

DEPRESSION SUBSCORE: _____

SUICIDE SELF/MUTILATION

7. Do you ever think about killing yourself?

☐ NO (0) ☐ YES (1); if yes, please answer the following:

a. When you think of killing yourself what is your plan?

b. Have you thought about killing yourself this week? ☐ NO (0) ☐ YES (6)

c. Are you thinking about killing yourself now? ☐ NO (0) ☐ YES (15)

d. Do you need help to keep from killing yourself now? ☐ NO (0) ☐ YES (20)

8. Have you ever tried to kill yourself?

☐ NO (0) ☐ YES (0); if yes, please answer the following:

a. When did you last attempt to kill yourself?

☐ more than six months ago (4)

☐ two to six months ago (5)

☐ less than two months ago (8)

☐ within the last week (20)

b. How did you try to kill yourself? (Check all that apply.)

☐ Pills/overdose ☐ Hanging ☐ Gun ☐ Cut wrist ☐ Jumping

☐ Other (specify): _____

c. Did you receive medical attention after you tried to kill yourself? ☐ NO (0) ☐ YES (0)

9. Do you sometimes cut, carve, pick or burn yourself even though you do not want to kill yourself?

☐ NO (0) ☐ YES (4); if yes, please answer the following:

a. What do you do to harm yourself?

b. Do you need help to stop from hurting yourself now? ☐ NO (0) ☐ YES (15)

SUICIDE/SELF MUTILATION SUBSCORE: _____

ANXIETY/THOUGHT CONTENT

10. Do you often feel so worried or nervous that it interferes with your thoughts or ability to get things done?

☐ NO (0) ☐ YES (4); if yes, please answer the following:

a. What kind of things do you worry about?

11. When you are **not** using drugs, do you hear or see things that other people don't hear or see?

☐ NO (0) ☐ YES (4); if yes, please answer the following:

a. What do you hear or see?

b. How often do you hear or see things?

☐ less than once a month (0)
☐ less than once a week (2)
☐ everyday (8)

12. Do you have troubling nightmares, flashbacks, or recurring thoughts of things that have happened to you or of things you have seen?

☐ NO (0) ☐ YES (4); if yes, please answer the following:

a. Are you having them **currently** or while you've been in detention? ☐ NO (0) ☐ YES (6)

ANXIETY/THOUGHT CONTENT SUBSCORE: _____

ATTENTION/CONCENTRATION

13. Do you think you have more problems with attention and concentration than most kids your age?

☐ NO (0) ☐ YES (2)

14. Has anyone ever suggested you see a doctor or counselor because you were having problems with attention and concentration?

☐ NO (0) ☐ YES (2)

ATTENTION/CONCENTRATION SUBSCORE: _____

MEDICATION

15. Are you **currently** taking medication for behavioral or emotional problems? ☐ NO (0) ☐ YES (6)
16. Have you ever taken medication for behavioral or emotional problems? ☐ NO (0) ☐ YES (2)
17. Has a doctor or counselor ever told you medication would help your behaviors or emotions? ☐ NO (0) ☐ YES (2)
18. If you answered "yes" to questions 15, 16, and/or 17, answer the following:

When? _____

What medication was prescribed? _____

Did you take the medication? _____

How long did you take the medication? _____

Do you believe the medication helped you? _____

Do you have the medication with you now? _____

MEDICATION SUBSCORE: _____

DRUG/ALCOHOL

19. Chemical/Alcohol use identified from the Personal Experience Screen Questionnaire or other recent assessment and recorded in the Initial Security Classification Assessment:

- ☐ Non-use or experimentation only (0)
- ☐ Abuse and/or Dependency (8)

DRUG/ALCOHOL SUBSCORE: _____

DETENTION BEHAVIOR/MENTAL STATUS

20. Behavior/Mental Status reported from **Current Detention Stay:**

- ☐ Extreme irritability/agitation (1)
- ☐ Unremarkable/few or no problems (0)
- ☐ Depressed/withdrawn/low energy level (1)
- ☐ Manic/high energy level/extremely active or busy (1)
- ☐ Bizarre behavior and/or thoughts (6)
- ☐ Troubling flashbacks, nightmares, recurring thoughts (4)
- ☐ Unusually worried or nervous (1)
- ☐ Problems with attention or concentration (1)
- ☐ Significant behavior problems:
  - ☐ related to aggression (3)
  - ☐ related to non-compliance (3)
  - ☐ related to self injurious behavior (15)

21. Behavior/Mental Status observed in **Diagnostic Interview**:

- ☐ Extreme irritability/agitation (1)
- ☐ Unremarkable/few or no problems (0)
- ☐ Depressed/withdrawn/low energy level (1)
- ☐ Manic/high energy level/extremely active or busy (1)
- ☐ Bizarre behavior and/or thoughts (6)
- ☐ Troubling flashbacks, nightmares, recurring thoughts (4)
- ☐ Unusually worried or nervous (1)
- ☐ Problems with attention or concentration (1)
- ☐ Other observed mood or behavior relevant to placement decision:

DETENTION BEHAVIOR/MENTAL STATUS SUBSCORE: _____

JUVENILE REHABILITATION ADMINISTRATION (JRA)

DIAGNOSTIC MENTAL HEALTH SCREEN
DATA COLLECTION

SUBSCORES

Treatment History	SUBSCORE: _____
Depression	SUBSCORE: _____
Suicide/Self Mutilation	SUBSCORE: _____
Anxiety/Thought Content	SUBSCORE: _____
Attention/Concentration	SUBSCORE: _____
Medication	SUBSCORE: _____
Drug/Alcohol	SUBSCORE: _____
Detention Behavior/Mental Status	SUBSCORE: _____
	TOTAL SCORE: _____

SCORING AND INTERPRETATION

	CUTOFF SCORES		
	LEVEL I	LEVEL II	LEVEL III
Total Score	0 - 39	40 - 59	60
Suicide/Self Mutilation	0 - 5	6 - 14	15
Anxiety/Thought Content	0 - 7	8 - 11	12
Detention Behavior/Mental Status	0 - 9	10 - 14	15

LEVEL I: The youth displays minimal or no indication of problems related to mental health. Proceed with MAPPER placement.

LEVEL II: The youth displays moderate indication of problems related to mental health, but does not exceed cutoff scores. Proceed with MAPPER placement and notify residential placement of intake concerns related to mental health.

LEVEL III: The youth displays indications of significant problems relating to mental health. Scores in one or more areas exceed cutoff. Proceed with Mapper Placement Consideration.

ACTION SUMMARY:

- ☐ No action
- ☐ Receiving facility notified of mental health/behavioral concern
- ☐ Placement exception
- ☐ Other: